

RESOLUTION BY:

FINANCE/EXECUTIVE COMMITTEE

02-*ℓ*-2017

AUTHORIZING REFUNDS FOR THE OVERPAYMENT OF BUSINESS LICENSE FEES TO SAVE RITE GROCERY STORE #2712, ACCOUNT #007854LGB, IN THE AMOUNT OF \$12,016.19; AND FOR OTHER PURPOSES.

WHEREAS, Save Rite Grocery Store #2712 has overpaid its business license fees and is due a refund which has been verified by the Business License Division.

NOW THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF ATLANTA, GEORGIA that the Mayor or his designee be and is hereby authorized to issue a refund check to the following party in the amount indicated:

<u>ACCOUNT NAME</u>	<u>PAYEE</u>	<u>ACCOUNT NUMBER</u>	<u>AMOUNT</u>
Save Rite Grocery Store #2712	Save Rite Grocery Store P.O. Box 2209 Jacksonville, FL 32203 Attn: H.S. Wadford	007854LGB	\$12,016.19

BE IT FURTHER RESOLVED that said refund shall be charged to and paid from:
FAC 1A01 529010 T31001.

REFUND REQUEST APPROVAL

Business Name: Savekite Grocery Store #2712

Account Number: 007854 LGB

REFUND AMOUNT: \$12,016.19

EXPLANATION: Overpayment

Submitted By: **MAHALEY HURLEY, SUPERVISOR**

DATE: 9/4/02

mailing address.

P.O. Box 2209

Jacksonville, FL 32203

Attn: A.S. Redford

Approved By:

Alice C. Hurley

Management: _____

BLA244.

BUSINESS LICENSE INFORMATION SYSTEM

DATE: 09/03/02

BILLING

TIME: 15:05:22

BILL/ACCOUNT SUMMARY INQUIRY

LICENSE/TAX NO.: 007854 LGB BUSINESS NAME: SAVE RITE #2712
ACCOUNT STATUS: R C START DATE: 1985-04-01 END DATE:
LOCATION ADDRESS: 931 MONROE DR NE
ATLANTA GA 30308 -

COMPONENT INFORMATION	BILL NO	Bill DATE	BILL DUE DATE	BALANCE DUE 7/8/9
RPT. DATE: 2002-01-01	558442	2002-08-01	2002-09-01	\$12,016.19
FILE DATE: 2002-07-31				
COMP. NO.: 000612207				
COMP. TYPE: REN				
CLASS: 2				
SIC CODE: 5411	REMIT NO	REMIT RELATED TYPE	DATE ENTERED	REMIT AMOUNT 10/11
SIC DESC: GROCERS, RETAIL				
NO. EMPLS.: 45				
VOLUME: \$9,298,847.00	362564	PAY	362564 2002-08-22	-\$12016.19
4/5				
	CURRENT ACCOUNT BALANCE = -\$12,016.19			

1=HELP 2= 3=PREV SCRN 4=COMP FRWD 5=COMP BKWD 6=MEMO LOG
7=BILL FRWD 8=BILL BKWD 9=DSPLY BILL 10=REMT FRWD 11=REMT Bkwd 12=PREV MENU

BUSINESS TAX DIVISION

REFUND REQUEST FORM

Please process a refund on the following account:

ACCOUNT # & TYPE: 007854LGB

REFUND REQUESTED: Save Rite Grocery Store #2712

AMOUNT REQUESTED: \$12,016.19

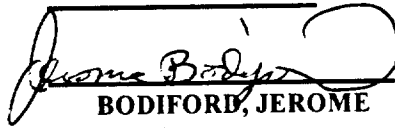
CONFIRMED BY: _____

DATE: 9/13/02

TO BE COMPLETED BY PROCESSOR ONLY

DATE D/B TYPED:

D/B APPROVED BY:


BODIFORD, JEROME


DONALDSON, GARY

DATE SENT TO ACCOUNTS PAYABLE: _____

CHECK DATE & NUMBER: _____

COMPLETED, COPIED & FILED: _____

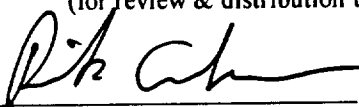
Copies given upon request only

Comments:

TRANSMITTAL FORM FOR LEGISLATION

To Mayor's Office:

Greg Pridgeon
(for review & distribution to Executive Management)

Commissioner's Signature: 

Director's Signature: 

From: Originating Dept: Finance/ Business License Contact (name): Jerome Bodiford 330-6431

Committee(s) of Purview: Finance Committee Committee Deadline: _____

Committee Meeting Date(s): _____ City Council Meeting Date: _____

CAPTION: A Resolution authorizing refunds for the overpayment of Business License fees to Save Rite Grocery Store #2712, account #007854LGB, in the amount of \$12,016.19; and for other purposes.

BACKGROUND/PURPOSE/DISCUSSION:

The overpayment was made on their Business License fees resulting from a duplicate payment. The Business has requested a refund of this overpayment.

FINANCIAL IMPACT (if any): Refund to be made from General Fund in the amount of \$12,016.19.

OTHER DEPARTMENT(S) IMPACTED: _____

Coordinated Review With: _____

Mayor's Staff Only

Received by Mayor's Office:

11/5/02
(date)

Reviewed: 

(initials)

(date)

Submitted to Council: _____
(date)

Action by Committee: _____ Approved _____ Adversed _____ Held _____
Amended
_____ Substitute _____ Referred _____ Other